



# INSIGHTS

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## Dispelling Disability Myths

Disability, absenteeism and employee health are important concerns for any organization. Absence-related expenses cost Canadian companies \$17 billion each year, according to Watson Wyatt's 2004 *Staying@Work* study. The same study found that direct costs associated with absent and disabled employees add up to seven per cent of payroll, while indirect costs amount to ten per cent of payroll. Statistics Canada estimates that 85.2 million workdays were lost because of personal reasons in 2001- up from 65.6 million workdays in 1997. The burden is significant, and growing.

Early intervention can get employees back to work and up to full speed more quickly after an injury or illness. When intervention falls by the wayside, on the other hand, the consequences can be disastrous. Statistics Canada reports that an employee absent for more than six months has just a 50 per cent chance of returning successfully to work. After one year, that likelihood drops to 10 per cent. Surprisingly, few companies take a proactive approach to disability management.

The success an employer has in assisting an employee returning to work following an injury, illness or chronic health problem depends on many factors. The expectations and experience of the employer are the most critical; however, a subtle but equally strong influence are the manager's and supervisor's beliefs about how and when an employee should return to work.

In the best circumstance, beliefs are based on clear corporate policies and an understanding of lost time research. But the reality is that return-to-work (RTW) decisions are more often based on misinformation, negative stereotypes, unfounded fears and personal conveniences. These beliefs directly influence employer's workplace practices and impact lost time. Debunking RTW myths is the first step in reducing the impact of lost time, and eventually effecting positive change in your organization. Let's take a look at some of the return-to-work myths, and the realities behind them, to see if we can separate fact from fiction.

**The 100% or Nothing Myth:** Employees must be able to do 100% of their job tasks before returning to work.

**Return-to-work decisions are more often based on misinformation, negative stereotypes, unfounded fears and personal conveniences.**

**Reality:** Not so. Employees regain their ability to work incrementally and can therefore transition back into the workplace gradually. In most cases, work tasks can be modified for short periods of time without reducing the overall productivity of an organization.

**What You Can Do:** Examine ways employees can resume job activities in a safe manner, including: temporary, on-site transitional work options such as reduced work hours or limited responsibilities; off-site work conditioning/work hardening programs when transitional work options are not feasible; a combination of transitional work and work conditioning to prepare employees to resume full work duties, and; keeping transitional work programs to 30 to 45 days in length.

**The Total Disengagement Myth:** People who are ill or injured need total rest and removal from everyday life in order to recover.

**Reality:** People heal from illnesses and injuries incrementally. Getting back to normal daily activities, including work, is part of that process. Recovery progresses quickly and successfully when there is a combination of early mobilization treatment and increased transitions back to a normal way of living. Workplace managers play a key role in the recovery process when they involve the physician and the employee in RTW planning and a discussion of the need for temporary modifications in the workplace.

**What You Can Do:** Ensure your employees are not totally disengaged from work by: consulting with your managers and employees to identify ways in which employees can return to their jobs in an incremental fashion, and; by letting your employees know you won't expect them to be 100% recovered when they return to work, and that you will work with them, their physicians, and RWAM's Early Intervention team to find ways to transition them back to work safely.

**The "It's Not My Job" Myth:** It's the disability income protection provider's exclusive responsibility to bring the employee back to work in a timely manner.

**Reality:** The primary role of the insurer is to provide income while an employee is unable to work. Returning employees to work is the result of a partnership between RWAM, the employer, the employee and their physician. RWAM and our

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## The importance of keeping COOL when it's HOT

Keeping cool when temperatures reach record highs isn't just about comfort. Dangerously high temperatures can result in heat-related illnesses ranging from heat cramps to heat stroke.

### Heat cramps

Heat cramps usually affect people who sweat a lot during strenuous activity. This sweating depletes the body's salt and moisture. The low salt level in the muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion. If you have heart problems or are on a low sodium diet, get medical attention for heat cramps.

If medical attention is not necessary, take these steps:

- Stop all activity, and sit quietly in a cool place.
- Drink clear juice or a sports beverage.
- Do not return to strenuous activity for a few hours after the cramps subside because further exertion may lead to heat exhaustion or heat stroke.

### Heat stroke

Heat stroke is a form of hyperthermia (abnormally elevated body temperature) with accompanying physical and neurological symptoms. Unlike heat cramps/exhaustion, less-severe forms of hyperthermia, heat stroke is a true medical emergency that can be fatal if not properly and promptly treated.

The body normally generates heat as a result of metabolism, and the body is usually able to dissipate the heat by either radiation of heat through the skin or by evaporation of sweat. However, in extreme heat, high humidity, or

vigorous exertion under the sun, the body may not be able to dissipate the heat and the body temperature rises, sometimes up to 106 degrees Fahrenheit or higher. Another cause of heat stroke is dehydration. A dehydrated person may not be able to sweat fast enough to dissipate heat, which causes the body temperature to rise.

Those most susceptible to heat strokes are infants, the elderly, and athletes, or outdoor workers physically exerting themselves under the sun.

Symptoms of heat stroke can sometimes mimic those of heart attack or other conditions. Sometimes a person experiences symptoms of heat exhaustion before progressing to heat strokes. Symptoms of heat exhaustion may include nausea, vomiting, fatigue, weakness, headache, muscle cramps and aches, and dizziness. However some individuals can develop symptoms of heat stroke suddenly and rapidly without warning.

Victims of heat stroke must receive immediate treatment to avoid permanent organ damage. First and foremost, cool the victim. Get the victim to a shady area, remove clothing, apply cool or tepid water to the skin (for example you may spray the victim with cool water from a garden hose), fan the victim to promote sweating and evaporation, place ice packs under armpits and groins. Monitor body temperature with a thermometer and continue cooling efforts until the body temperature drops to 101-102 degrees. Always notify emergency services (911) immediately. If their arrival is delayed, they can give you further instructions for treatment of the victim.

## The following tips can help you keep cool all summer long!

1. Alter your pattern of outdoor exercise to take advantage of cooler times (early morning or late evening). If you can't change the time of your workout, scale it down by doing fewer minutes, walking instead of running, or decreasing your level of exertion.
2. Wear loose-fitting clothing, preferably of a light color. Cotton clothing will keep you cooler than many synthetics.
3. Combat dehydration by drinking plenty of water along with sports drinks or other sources of electrolytes. Avoid caffeine and alcohol as these will promote dehydration.
4. Fill a spray bottle with water and keep it in the refrigerator for a quick refreshing spray to your face after being outdoors.
5. Fans can help circulate air and make you feel cooler even in an air-conditioned house.
6. Instead of hot foods, try lighter summer fare including frequent small meals or snacks containing cold fruit or low fat dairy products.
7. If you don't have air-conditioning, arrange to spend at least parts of the day in a shopping mall, public library, or other public space that is cool. Many cities have cooling centers that are open to the public on sweltering days.
8. Finally, use common sense. If the heat is intolerable, stay indoors and avoid activities in direct sunlight or on hot asphalt surfaces. Pay special attention to the elderly, infants, and anyone with a chronic illness, as they may dehydrate easily and be more susceptible to heat-related illnesses. Don't forget that pets also need protection from dehydration and heat-related illnesses too.

### Dispelling Disability Myths, cont'd

insurers can assist the physician in developing a return-to-work plan, but these resources are wasted if the employer does not have policies that outline how employees will be brought back to work in a timely manner.

**What You Can do:** Create clear and consistent RTW expectations for all managers and supervisors to follow. Prepare up-to-date job descriptions. Develop transitional work programs. Be prepared to discuss with RWAM your ideas on how to best accommodate the disabled employee in their return to the workplace.

Understanding how you manage disability situations affects how your employees see you and how they respond to you, and that affects your productivity in the long run. When someone is off on a disability leave, it's a very vulnerable time in the employment relationship. Employees are paying attention. It's important for employers to approach this in a problem-solving manner, with communication and with an expectation that people are going to come back and be productive.

**RWAM's Early Intervention:** In Early Intervention, RWAM

Disability Management gathers valuable information from the employer, the employee and the physician so that all parties play an active role in the management of the employee's absence. Some of the positives are:

- \* It provides an opinion on total disability based on contractual wording.
- \* It assists with a safe and sustained return to work.
- \* It helps avoid confidentiality issues associated with medical information and the protection of privacy of the individual.

\* It identifies proactive solutions in returning the employee back to their own job

\* It provides support to the employee during the absence

After all, it's not just an insurance issue; it's also a people issue. Taking a proactive approach to disability confirms the fundamental importance of each and every employee. It reminds everyone that no one gets left behind. And that my friends is how corporations become employers of choice.

Until next time...